



State of Tennessee  
Board of Architectural and Engineering Examiners  
Department of commerce and Insurance  
500 James Robertson Parkway, Third Floor, Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (FAX)

## Landscape Architectural Registration Exam (LARE) Information

(for initial registration as a Registered Landscape Architect)

### Important Notice

**Any individual seeking initial registration (by exam) as a landscape architect in the State of Tennessee must apply to the Tennessee Board for approval to sit for any portion of the examination. Application should be filed only after the awarding of the accredited degree and earning the required experience.**

**You may fill out forms and applications online. The forms and applications have to then be printed because they must be signed and/or notarized.**

### Law and Rules

The Law and Rules can be accessed from the Board's home page. The registration law for architects, engineers, landscape architects, and registered interior designers is found at *Tennessee Code Annotated*, Title 62, Chapter 2. You may, also, contact the Board office to request a copy of the Law and Rules, which are subject to change.

Before submitting this application, you must have met the minimum education and experience requirements for registration, because the application fee is **not refundable**.

### Residency Requirements

An applicant for registration by exam must meet Tennessee's residency requirement ([Rule 0120-1-.03](#)).

### Deadlines

The application deadlines for new applicants are currently January 15 for the June exam and June 15 for the December exam but are subject to change. All supporting documents [references, transcript(s), etc.] are due in the Board office within thirty (30) days after the application deadline.

A written letter of intent and retake fee for L.A.R.E. sections C and E, must be in the office by March 15 for the June exam and by September 30 for the December exam.

If a deadline falls on a Saturday, Sunday, or a state holiday, the deadline will be extended until the close of business on the next business day.

### Examination Dates

For information about examination dates, [click here](#).

## Forms

### (1) Application Form –

- Fill out the application form completely (on-line or after downloading it), sign it, and have it notarized. Any major modification of state approved forms may cause the Board to reject your application.
- Provide detailed information in regard to design work on projects, progressive in nature, to enable evaluation of experience. All time/experience must be accounted for whether it is related to landscape architecture or not. You must show the minimum required years of experience at the time of application.

### (2) Reference Form –

- Submit five references. Three (3) must be from registered landscape architects, registered architects, or registered engineers who are personally acquainted with your technical ability.
- References are required from both a current employer/supervisor and a past employer/supervisor (if applicable).
- No more than three (3) references can be from a place of employment.
- References from relatives are not acceptable.
- You are responsible for sending reference forms to the persons listed on your application who will then submit them directly to the Board office.

### (3) Request-For-Transcript Form –

- Submit the Registrar's letter to each post-high school institution attended. Your transcript(s) must be submitted directly to the Board office from each institution attended.

## Fees and Scheduling Information

Make check payable to the **Tennessee Department of Commerce and Insurance**.

- Application Fee – **\$30** (non-refundable)  
You must submit the application fee with your application.
- LARE Examination Fees – Sections A, B, and D are now computerized and exam fees should be paid at the test site. You must schedule these with CLARB to take these portions of the exam after you have been approved by the Tennessee Board. The exam fees for Sections C and E are to be paid to the Tennessee Board. For current exam fees, [click here](#).
- Biennial Registration Fee – **\$140** (due after LARE is passed)

**Sections A, B, and D** are administered by the Council of Landscape Architectural Registration Boards' (CLARB) designee. To register for these sections of the examination, candidates who are approved by the Tennessee Board will need to register through the [CLARB](#) website. Candidates will need to indicate that they have been approved by the Tennessee Board when registering for the examination to have their exam scores sent to the Tennessee Board. Candidates may take the examination at any of the approved CLARB testing centers and examination fees (scoring and administration fee) will be paid at the testing center.

**Sections C and E** of the examination will continue to be proctored by the Tennessee Board in Nashville, Tennessee. To sit for these sections, candidates will need to advise the Tennessee Board in writing of their intent to sit and submit the appropriate examination fee (and retake fee, if applicable) directly to the Tennessee Board no later than March 30 for the June examination administration and September 30 for the December exam administration. Scheduling letters are sent approximately four weeks before the scheduled examination administration.

## Disability Accommodations

If you have a disability that requires special accommodations to take the exam, you will need to provide the appropriate documents ([Request for Accommodation](#)) to this Board at the time you submit your application.

## Review Procedure

When your application packet is complete, it will be circulated among the members of the Landscape Architect Committee of the Board for review. If approved to take the Landscape Architect Registration Exam (LARE), the Board office will notify CLARB of your eligibility to take the exam. The review may take up to eight weeks.

## Score Reporting Procedures

The Tennessee Board will notify you of your official test results for both the computerized and graphic portions of the examination after they are received from CLARB. You may also view unofficial examination scores on [CLARB's website](#).

## Pending Status

An application that lacks required information or reflects a failure to meet any requirement will be held in a "pending" status for five (5) years from the date of the application. These requirements include passing the required registration exam.

## Professional Privilege Tax

All architects, engineers and landscape architects registered in Tennessee with an active registration status as of June 1 in a given year are required by State law to pay to the Department of Revenue an annual professional privilege tax. This tax should not be paid at the time of application. If your application is approved, and your registration status is active on June 1, you will be billed for the tax by the Department of Revenue. [Click here](#) for additional information.

## Board Contact

If you have questions about any of this information or about your application, call Joyce Shrum, Landscape Architect Applications Coordinator, at 800-256-5758, 615-741-3221, or send an e-mail: [joyce.shrum@state.tn.us](mailto:joyce.shrum@state.tn.us)



State of Tennessee  
Department of Commerce and Insurance  
Board of Architectural and Engineering Examiners  
500 James Robertson Parkway, Third Floor  
Nashville, TN 37243-1142

## APPLICATION FOR REGISTRATION TO PRACTICE AS A LANDSCAPE ARCHITECT

Type or print legibly

Full Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ County \_\_\_\_\_

Residence Phone No. \_\_\_\_\_

Business Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Official Capacity \_\_\_\_\_

Business Phone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address for Correspondence: ☐ Business ☐ Residence

Date of Birth \_\_\_\_\_ City/State \_\_\_\_\_

Citizen of (State/Foreign Country) \_\_\_\_\_ Can you speak and write English? ☐ Yes ☐ No

I am applying for registration by:

☐ Examination

Do you have a disability which may require special accommodations in taking an examination? ☐ Yes ☐ No

☐ Comity ☐ Reapplying

CLARB Certificate Number \_\_\_\_\_

(For Board use only– Please do not write below this line.)

Board Review – Examination				Board Review – Registration			
Board Member	Date	Aprvd	Dis- aprvd	Board Member	Date	Aprvd	Dis- aprvd

Full Name \_\_\_\_\_

**All information MUST comply with instructions or the application will be returned.**

If you have ever changed your name through marriage or through action of a court, or have ever been known by any other name, please list name(s) and date(s) of change \_\_\_\_\_

\_\_\_\_\_

Have you passed the written CLARB examination? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

Have you passed a written examination in any state? ☐ Yes ☐ No

If so, name state/territory and year \_\_\_\_\_

In what states are you registered? \_\_\_\_\_  
(please give license or registration number for each)

If you have ever been registered in any states other than those named above, please list them \_\_\_\_\_

List membership in technical or professional organizations \_\_\_\_\_

\_\_\_\_\_

Have you ever been denied registration or had your professional license suspended, revoked, or voluntarily surrendered as a result of disciplinary proceedings?

☐ Yes ☐ No

If so, name state and year \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If so, name place and year \_\_\_\_\_

#### EDUCATIONAL BACKGROUND

Name and Address of Institution Received	Attendance (From - To)	Date of Graduation	Major Course	Degree
_____				
_____				
_____				
_____				

Full Name \_\_\_\_\_

## EXPERIENCE

List each engagement **in chronological order beginning with first engagement**. Provide detailed, but concise, information of progressive experience on landscape architectural design projects to enable evaluation of your experience.

Dates of Employment	Total Time Employment	Title of Position, Name of Employer, Location, and Nature of Each Engagement and Degree of Responsibility	Name, Title, and Address Of Supervisor
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

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(Attach additional experience sheet if necessary, using the same format)

Full Name \_\_\_\_\_

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	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		
	Years  ----- Months		

(Attach additional experience sheet if necessary, using the same format)



Full Name \_\_\_\_\_

### REFERENCES

*List names and complete addresses of five persons acquainted with your technical ability, three of whom must be registered landscape architects, architects or engineers. A maximum of three references may be from one employer. References are required from both a current employer/supervisor and a past employer/supervisor (if applicable). References from relatives are not acceptable.*

References	State of Registration	Employer Past Employer Client	Complete Address

### APPLICATION AND LAW AND RULES AFFIDAVIT

I hereby make application for registration as a landscape architect and agree not to practice in the State of Tennessee until I become registered. The information provided on this application is accurate.

I attest that I have read, reviewed, and am familiar with *Tennessee Code Annotated*, Title 62, Chapter 2 and the *Rules of the State Board of Architectural and Engineering Examiners*.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Attach a photograph  
Taken in the last 12 months

HEAD AND  
SHOULDERS ONLY



TENNESSEE BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TN 37243-1142  
800-256-5758 615-741-3221 (NASHVILLE AREA) 615-532-9410 (FAX)

## REFERENCE

### THIS REQUEST LETTER IS TO BE COMPLETED BY THE APPLICANT

(Name and Address of Reference)

Re: \_\_\_\_\_  
(Print or Type Name of Applicant)

Dear

I have made application to the Tennessee Board of Architectural and Engineering Examiners for registration to

practice ☐ architecture  
☐ engineering  
☐ landscape architecture

Please send the information requested on the reverse directly to the Board office in the envelope provided.

\_\_\_\_\_  
(Signature of Applicant)

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#### Board Statement to Reference:

This Board is required by law to obtain evidence of the good character and technical ability of applicants for registration as architects, engineers, and landscape architects. Statements by responsible individuals with personal knowledge of the applicant's character and qualifications will be considered as evidence. Additional information may be attached.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for registration as an architect, engineer, or landscape architect, qualified to practice in Tennessee.

Since the Board cannot process this application until it receives this reference, a prompt reply will expedite our handling of the application.

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

(see reverse)

Applicant's name \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE**

THIS IS CONFIDENTIAL INFORMATION – FOR USE OF BOARD MEMBERS ONLY

1. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_ inclusive
2. Are you in any way related to the applicant? \_\_\_\_\_ What relationship? \_\_\_\_\_
3. What has been your connection with the applicant? \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant has worked for or with you, **give dates** and information pertaining to the duties performed and the character and quality of his/her work. Was the applicant actually in responsible charge of work and to what extent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your opinion of the applicant's personal integrity and general character? \_\_\_\_\_
6. Please give your estimate of the applicant as an \_\_\_\_ architect \_\_\_\_ engineer \_\_\_\_ landscape architect. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. To your knowledge, has the applicant ever been convicted of a felony? \_\_\_\_\_
8. Would you employ the applicant in a position of trust? \_\_\_\_\_
9. Is the applicant qualified to be placed in responsible charge of design or supervision of work, with full authority to change designs or specifications? \_\_\_\_\_
10. If the applicant is in individual practice, please indicate the nature of the practice \_\_\_\_\_  
\_\_\_\_\_
11. Do you recommend the applicant for registration? \_\_\_\_\_
12. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for registration by the State of Tennessee as an architect, engineer or landscape architect and after having carefully read the information given on the previous page.

- a. My full name is \_\_\_\_\_  
(to be typewritten or printed)
- b. My present employer is \_\_\_\_\_
- c. My title or position is \_\_\_\_\_
- d. I am/am not a registered \_\_\_\_\_ architect  
\_\_\_\_\_ engineer  
\_\_\_\_\_ landscape architect in the State of \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_  
(Date) (Signature)

\_\_\_\_\_  
(Address)



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THE REGISTRAR

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Dear Sir:

I am applying for registration as a/an

\_\_\_ architect \_\_\_engineer \_\_\_engineer intern \_\_\_ interior designer \_\_\_ landscape architect

The Tennessee Board of Architectural and Engineering Examiners requires a transcript of my record.

I attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
College or University Date Date

and graduated on \_\_\_\_\_ with \_\_\_\_\_ degree in \_\_\_\_\_  
Date Type of Degree

My social security number is \_\_\_\_\_.

I will appreciate your forwarding a transcript of my record to:

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TN 37243-1142

as soon as possible, since my application will not be considered by the Board until the transcript is received in the Board Office.

If there is a charge for this service, please forward a statement to me at the above address.

Sincerely,